

**ENVIRONMENTAL HEALTH OFFICER PROFESSIONAL
ADVISORY COMMITTEE (EHOPAC)
SELF-NOMINATION FORM**

The EHOPAC routinely has openings for membership allocated to both agencies/programs and at-large representation. Members are selected to represent both field and headquarters locations, gender, minorities, civil service and commissioned corps.

If you are interested in serving on the PAC, please complete this self-nomination form and submit it to the EHOPAC Membership Chair, with a current resume or curriculum vitae (CV), to the address at the bottom of the page. The PAC will hold your self-nomination for a period of three years from the date your nomination is endorsed by your supervisor. You will be considered for all vacancies for which you are eligible. If you transfer to a new agency/program or you have a change in supervisor, you must submit a new application. Submitting this form does not guarantee a seat on the SPAC. **Your supervisor's endorsement (signature) indicates your agency's approval and support of your nomination for, and membership on, the EHOPAC. This may be sent electronically if desired.**

PLEASE PRINT OR TYPE:

Name: _____

Work Address: _____

Work Phone: _____ Home Phone: _____

Rank (Commissioned Corps) _____ Grade (Civil Service) _____

Supervisor's Name: _____ Telephone: _____

Supervisor's Endorsement (signature): _____

Date of Endorsement: _____

The following information is used in filling vacancies under the EHOPAC Charter (please complete and check male/female):

Agency/Program: _____ Male _____ Female _____

If not selected for EHOPAC membership, I am interested in serving on the following standing subcommittees:

<input type="checkbox"/> Awards	<input type="checkbox"/> Career Development	<input type="checkbox"/> Charter and ByLaws
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> History	<input type="checkbox"/> Membership
<input type="checkbox"/> Orientation and Mentoring	<input type="checkbox"/> Professional Image	<input type="checkbox"/> Recruitment

PLEASE RETURN COMPLETED FORM & CV TO:
Send via email attachment if desired to
LCDR Don Williams, EHOPAC Membership Subcommittee Chair
7900 South J Stock Road, Tucson, AZ 85746
Phone: 520-295-2580 Fax: 520-295-2409
donald.williams@mail.ihs.gov